CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSPI

Columbia University
Guidelines for Child & Adolescent

Mental Health Referral

2nd Edition

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Columbia University Guidelines for Child & Adolescent Mental Health Referral

These guidelines are designed to assist staff in community and juvenile justice agencies in developing appropriate referrals for youth diagnosed with a psychiatric disorder. The guidelines will work with children and youth diagnosed by means of a comprehensive and standardized assessment and are based on empirical research describing treatments with demonstrated efficacy for the disorders.

A ***well-established*** intervention (e.g., Chambless et al., 1996) is one that has been demonstrated to be superior to an alternative treatment in a between-group research study whose subjects were randomly assigned. A well-established treatment must also show evidence of replicability and be based on a study design with adequate statistical power. To be ***probably efficacious,*** a psychosocial intervention must be demonstrated to be better than no treatment.

The column "Positive Effects, Consistent Evidence" outlines treatments that have demonstrated efficacy, including both well-established and probably efficacious treatments. The "Positive/Mixed Effects, Inconsistent Evidence" column outlines treatments that have some evidence of efficacy but lack consistent evidence, either because they are based on just a few studies on child and adolescent populations or because they are based only on studies with adults.

The Columbia University Guidelines for Child and Adolescent Mental Health Referral were designed to promote identification of efficacious treatments in local communities. There are places to write in "Programs in Your Community." We designed this template to include recommendations for specific kinds of treatment as part of a child's or youth's disposition or treatment plan. Using the information available in the guidelines, agencies can identify these particular treatments in their community; if these treatments are not currently available, the guidelines provide direction for advocacy and for obtaining training or consultation to help develop better services.

Diagnostic Components of a Comprehensive Assessment

Mood Disorders

Major Depression
Dysthymia
Bipolar (Mania/Hypomania)

Anxiety Disorders

Generalized Anxiety
Specific Phobia
Separation Anxiety
Social Phobia
Panic
Agoraphobia
Obsessive-Compulsive
Posttraumatic Stress

Disruptive Disorders

Attention-Deficit/Hyperactivity
Conduct
Oppositional-Defiant

Substance-Use Disorders (Abuse/Dependence)

Alcohol
Marijuana
Other Substance

Schizophrenia

Description of Disorders

What is Included

Most Axis I disorders, based on DSM-IV criteria, are listed in this booklet; listings do not include general medical conditions, personality disorders, or learning disabilities.

Prevalence

Research on the prevalence of psychiatric disorders among juvenile justice youth is sparse. Few studies have collected data based on a structured, standardized, and self-reported interview (Wasserman et al., 2002; Teplin et al., 2002; Atkins et al., 1999; Randall et al., 1999). Estimates differ depending on whether or not impairment is considered, inclusion of females, timeframe considered, and interview format.

For these reasons, precise rates cannot be determined. We have identified disorders as *rare* (‹3 percent), *somewhat common* (3–10 percent), ***common*** (10–20 percent), or *very common* (›20 percent), as opposed to providing false precision.

Mood Disorders

Major Depression: A combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once-pleasurable activities. An episode of Depression might occur only once, but more commonly occurs several times in a lifetime. Depression is c***ommon*** in justice populations, although it is often missed because symptoms are internal.

Dysthymia: A less severe type of Depression involving long-term, chronic symptoms that are not disabling but keep one from functioning well or from feeling good. Many people with Dysthymia also experience Major Depressive Episodes at some time in their lives. ***Somewhat common*** in justice populations.

Bipolar: Also called Manic-Depressive Illness. Characterized by cycles or episodes of mood changes, severe highs (Mania), and lows (Depression). ***Rare***.

Anxiety Disorders

Generalized Anxiety: Constant, exaggerated, worrisome thoughts, physical symptoms, and tension about routine life events and activities. Sufferers almost always anticipate the worst, even though there is little reason to expect it. Can be heightened by incarceration and separation from family. ***Somewhat common***.

Specific Phobia: Extreme, disabling, and irrational fear of something that poses little or no actual danger. Avoidance of feared objects or situations can result in unnecessary, limiting accommodations. Often not impairing for many incarcerated youth. ***Somewhat common***.

Separation Anxiety: Unreasonable fears about leaving home and parents. Serious educational or social problems can develop if away from school and friends for an extended period of time. Prevalence can be elevated among detained or incarcerated youth, who are responding to being away from home for the first time. ***Common***.

Social Phobia: Overwhelming and disabling fear of scrutiny, embarrassment, or humiliation in social situations, which leads to avoidance of many potentially pleasurable and meaningful activities. ***Rare***.

Panic: Repeated episodes of intense fear appearing without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal distress, feelings of unreality, and fear of dying. ***Somewhat common***.

Description of Disorders

Agoraphobia: Anxiety about being in open spaces or situations from which escape might be difficult (or embarrassing) or in which help might not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. ***Somewhat common***.

Obsessive-Compulsive: Patterns of repetitive thoughts and behaviors that are distressing but extremely difficult to overcome. ***Somewhat common***.

Posttraumatic Stress: Persistent symptoms that occur after a traumatic event. Nightmares, flashbacks, emotional numbness, depression, anger, irritability, distractedness, and being easily startled are common symptoms. ***Somewhat common***.

Disruptive Disorders

Attention-Deficit/Hyperactivity: One of the most common mental disorders among children, which often continues into adolescence and adulthood. Symptoms include inattention, hyperactivity, and impulsivity over a period of time. Some symptoms that caused impairment must have been present before age seven. ***Common***.

Conduct: Persistent and serious patterns of misbehavior, such as frequent temper tantrums and lying, violating the rights of others, being actively aggressive towards people and/or animals, and seriously violating society's moral codes. ***Very common***.

Oppositional-Defiant: Extreme levels of argumentativeness, disobedience, stubbornness, negativity, and provocation of others that persist over months or years and occur across many situations. Sometimes a precursor to Conduct Disorder. ***Common***.

Substance-Use Disorders (Abuse/Dependence)

Substance Abuse is characterized by a maladaptive pattern of Substance Use leading to clinically significant impairment or distress (e.g., failure to fulfill major role obligations, recurrent use in situations in which it is physically hazardous, recurrent substance-related legal problems, recurrent interpersonal problems due to use). **Substance Dependence** is characterized by chemical tolerance and withdrawal symptoms.

Alcohol: A destructive pattern of Alcohol Use, leading to significant social, occupational, or medical impairment. ***Common***.

Marijuana: Affects memory, judgment, and perception. Abuse can cause withdrawal, depression, fatigue, carelessness with grooming, hostility, deteriorating relationships, changes in academic performance, increased truancy, loss of interest in activities, and changes in eating or sleeping habits. ***Very common***.

Other Substance (including amphetamines, cocaine, heroin, etc.): Can be a chronic, relapsing disorder. Associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment, which can put youth at risk for accidents, violence, unplanned and unsafe sex, and suicide. ***Somewhat common***.

Schizophrenia

A chronic, severe, and disabling brain disease. Youth with Schizophrenia often suffer terrifying symptoms, such as hearing internal voices not heard by others or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. Speech and behavior can be disorganized or incomprehensible. Age of onset is earlier among males and is typically in early adulthood. *Rare*.

Major Depression Dysthymia

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Interpersonal Psychotherapy for Adolescents (IPT-A) (Mufson et al., 1999)
- Cognitive Behavioral Therapy (CBT)
  Cognitive Therapy (Brent et al., 1997)
  Self-Control Therapy (Stark et al., 1987)
  Coping with Depression (Clarke et al., 1992)

MEDICATION

- SSRIs (e.g., Luvox, Prozac, Zoloft) (Emslie et al., 1997; Keller et al., 2001)

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy

Programs in Your Community

Bipolar

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

No consistent positive trials of psychosocial treatments for Bipolar Disorder in children and adolescents.

MEDICATION

Relatively few studies of antipsychotics and mood stabilizers done in child and adolescent populations. However, those listed under Positive/Mixed Effects are commonly used.

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Interpersonal and Social Rhythm Therapy (Frank et al., 1997)
- Functional Family Therapy[1]
- Supportive Therapy
- Systemic Family Therapy

MEDICATION

- Mood Stabilizers (e.g., Depakote, Lithium) (Geller et al., 1998; Kowatch et al., 2000)
- Antipsychotics (e.g., Haldol, Risperdal, Zyprexa) (Frazier et al., 1999)

Programs in Your Community

1 Strong evidence in adult populations, but few/no published studies with child or adolescent populations.

Generalized Anxiety
Specific Phobia
Separation Anxiety
Social Phobia

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Systematic Desensitization (Ollendick & King, 1998)
- Modeling (Bandura, 1971)
- Contingency Management (Ollendick & King, 1998)
- Cognitive Behavioral Therapy (CBT)

  "Coping Cat" Child Behavior Treatment (Kendall, 1994)

  CBT + Parent Component (Barrett et al., 1996)

  Cognitive Behavioral Group Therapy for Adolescents (CBGT-A) (Social Phobia) (Hayward et al., 2000)

MEDICATION

- SSRIs (e.g., Luvox) (Pine et al., 2001)

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy

Programs in Your Community

Panic
Agoraphobia

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Systematic Desensitization (Ollendick & King, 1998)
- Modeling (Bandura, 1971)
- Contingency Management (Ollendick & King, 1998)
- Cognitive Behavioral Therapy (CBT) (e.g., relaxation training) (Barlow, 1997)

MEDICATION

No positive trials of medications for Panic Disorder in children and adolescents. However, in adults, benzodiazepines, SSRIs, and tricyclic antidepressants have positive evidence, and there is no reason to think this would be different for children.

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy

MEDICATION

- Benzodiazepines (e.g., Klonopin, Xanax)
- SSRIs
- Tricyclic Antidepressants (e.g., Norpramin, Tofranil)

Programs in Your Community

Obsessive-Compulsive

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Systematic Desensitization (Ollendick & King, 1998)
- Modeling (Bandura, 1971)
- Contingency Management (Ollendick & King, 1998)
- Cognitive Behavioral Therapy (CBT) (March et al., 1994)

MEDICATION

- SSRIs (e.g., Luvox, Prozac, Zoloft) (March et al., 1998; Pine et al., 2001; Riddle et al., 2001)
- Tricyclic Antidepressants (e.g., Anafranil) (Leonard et al., 1990)

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy

Programs in Your Community

Posttraumatic Stress

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Cognitive Behavioral Therapy (CBT) (Deblinger et al., 1990; Foa, 2000; Saigh, 1987)

medication

No consistent positive trials of medications for Posttraumatic Stress in children or adolescents.

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy

MEDICATION

- SSRIs (Ballenger et al., 2000)[1]

Programs in Your Community

1 Strong evidence in adult populations, but few/no published studies with child or adolescent populations.

Attention-Deficit/ Hyperactivity

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Parent Management Training (e.g., Barkley, 1997; Webster-Stratton, 1984)

MEDICATION

- Stimulants (e.g., Adderall, Concerta, Dexedrine, Ritalin) (Conners et al., 2001)
- Antidepressants (e.g., Wellbutrin) (Spencer et al., 1998)
- Tricyclic Antidepressants

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Social Skills Training (Lochman, 1992)
- Supportive Therapy
- Systemic Family Therapy
- School-Based Interventions (e.g., contingency management in classrooms)

Programs in Your Community

Conduct Oppositional-Defiant

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Problem-Solving Skills Training (Kazdin et al., 1987; Forgatch & Patterson, 1989)
- Functional Family Therapy (Parsons & Alexander, 1973)
- Multisystemic Therapy (Henggeler et al., 1986)
- Anger Coping Therapy (Lochman et al., 1993)
- Rational Emotive Therapy (Block, 1978)
- Videotape Modeling Parent Training (Webster-Stratton, 1984)
- Delinquency-Prevention Program (Tremblay et al., 1995)

MEDICATION

- Stimulants (Klein et al., 1997)
- Mood Stabilizers (e.g., Depakote, Lithium) (Donovan et al., 2000; Malone et al., 2000)

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Parent-Child Interaction Therapy (McNeil et al., 1991) (used with toddlers and young children)
- Social Skills Training (Lochman, 1992)
- Supportive Therapy
- Systemic Family Therapy

Programs in Your Community

Alcohol, Marijuana, & Other Substance (Abuse/Dependence)

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Voucher-Based Contingency Management (Higgins et al., 1993)
- Cognitive Behavioral Therapy (CBT) (Botvin et al., 1995)
- Functional Family Therapy (Parsons & Alexander, 1973)
- Multisystemic Therapy (Henggeler et al., 1986)
- Relapse-Prevention Therapy (Carroll, 1996)

MEDICATION

No consistent positive trials of medications for Substance-Use Disorders in children or adolescents. However, in adults, methadone and naltrexone have positive evidence, and there is no reason to think this would be different for children.

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy
- Systemic Family Therapy
- Motivational Enhancement Therapy (Rollnick & Miller, 1995)
- Intensive Case Management[1] (Evans et al., 1992)
- Network Therapy[1] (Gallanter, 1993)
- Community Reinforcement Approach (Smith et al., 2001)

MEDICATION

- Methadone
- Naltrexone

Programs in Your Community

1 Strong evidence in adult populations, but few/no published studies with child or adolescent populations.

Schizophrenia

Positive Effects, Consistent Evidence

PSYCHOSOCIAL

- Psychoeducational Therapy for the Patient and the Family (APA, 1997; Rund et al., 1994)
- Cognitive Behavioral Strategies and Social Skills Training (Heinssen et al., 2000)
- Family Intervention Programs (APA, 1997)

MEDICATION

Relatively few studies of antipsychotics done in child and adolescent populations. However, those listed under Positive/Mixed Effects are commonly used.

Programs in Your Community

Positive/Mixed Effects, Inconsistent Evidence

PSYCHOSOCIAL

- Supportive Therapy

MEDICATION

- Antipsychotics (e.g., Clozaril, Haldol, Risperdal, Zyprexa) (Armenteros et al., 1997; Kumra et al., 1996; Kumra et al., 1998; Spencer et al., 1992)

Programs in Your Community

Web Sites

Providing More Information About Mental Health Issues

General Information

American Academy of
Child and Adolescent Psychiatry

http://www.aacap.org/

Includes Facts for Families Resource, which is geared towards assisting parents and families in understanding developmental, emotional, behavioral, and mental disorders affecting children and adolescents.

Center for the Advancement of Children's
Mental Health at Columbia University

www.kidsmentalhealth.org

Information about a range of children's psychiatric diagnoses and treatment explanations for parents and physicians.

New York Presbyterian Hospital

http://www.noah-health.org/english/illness/mentalhealth/mental.html

Basic explanations, diagnoses and symptoms, care and treatment, complications and concerns, and information for children on a wide range of psychiatric disorders, including published articles about these disorders.

Internet Mental Health

http://www.mentalhealth.com/

Information about basic mental health and diagnoses, research, and treatment for mental health professionals, patients, and families.

National Alliance for the Mentally Ill (NAMI)

http://www.nami.org

Information for parents and caregivers on a range of child and adolescent mental health illnesses and treatments; consumer, family, and provider education programs; and resources and book reviews for families.

National Institute of Mental Health (NIMH)

http://www.nimh.nih.gov

Information about NIMH–sponsored grants; mental disorder information and statistics for the public; patient education, research reports, and fact sheets for practitioners; and funding opportunities, training, conferences and workshops, and services for researchers.

National Mental Health Association

http://www.nmha.org

Latest mental disorder news, advocacy resources, and information for parents and practitioners.

The Center for Mental Health Services

http://www.mentalhealth.org/cmhs/

A federal-agency-run site that provides services and programs in support of users of mental health services, their families, and workers in the mental health field.

Major Depression

Massachusetts General Hospital
Mood and Anxiety Disorders Institute

http://www.mghmadi.org

A family resource section for mood and anxiety disorder; information on patient education, treatment programs, and clinical training and tools.

Depression and Bipolar Support Alliance (DBSA)

http://www.ndmda.org/

Resource-kit information, information about mood disorders, support groups, programs, publications, resources, and advocacy for patients and families.

Bipolar Disorder

The Bipolar Child

http://bipolarchild.com/

News, books, information, articles, research, and workshops for families of children with bipolar disorder.

Bipolar Kids Home

http://www.geocities.com/EnchantedForest/1068

Education and support for parents, guardians, doctors, teachers, and those who live with childhood bipolar disorder in their lives. Articles and resources for children and families, written by people who have experienced childhood bipolar disorder.

Child and Adolescent Bipolar Foundation

http://www.bpkids.org/

Online presentations for parents, assessment scales and treatment guidelines for practitioners, a community resource center, and a directory of support groups.

Web Sites

Providing More Information About Mental Health Issues

ADHD/ADD

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

http://www.chadd.org/

Evidence-based information about ADHD for parents, educators, professionals, the media, and the general public.

National Attention-Deficit Disorder Association

http://www.add.org/

Information and resources for children and teens with ADD, parents and families, schools, and practitioners, as well as guiding principles for the diagnosis and treatment of ADD and guidelines for ethical ADD coaching practices.

Conduct Disorder

Conduct Disorders.com

http://www.conductdisorders.com

Information for parents raising children who are oppositional and resistant to parenting. The site offers many different methods and treatment plans with a variety of results. A "soft place to land for the battle-weary parent."

Struggling Teens.com

http://strugglingteens.com/

Support information for teens experiencing conduct-disorder issues, including program information, a phone hot line, parent support, FAQs, and a resource guide.

Anxiety Disorders

Anxiety and Depression Resource Organization Since 1984—Freedom from Fear

http://www.freedomfromfear.com

Information about anxiety and depressive illnesses, including a referral network and a directory for treatment centers by zip code. English and Spanish.

Anxiety Disorders Association of America

http://www.adaa.org/

Resources for researchers and treatment providers in all disciplines, resources for individuals with anxiety disorders and their family members, as well as fast facts, statistics, news releases, and more for media professionals. Referral directory by city or state.

Anxiety-Panic.com

http://anxiety-panic.com/

Search option links for information about anxiety, panic, trauma, fear, phobia, stress, obsession, depression, and additional mental health diagnoses for the general public.

Anxiety-Panic-Stress

http://www.anxiety-panic-stress.com/

Information and support for those suffering from anxiety, panic, stress, and other similar symptoms. The site includes a detailed list of resources and a referral network.

Obsessive-Compulsive Foundation

http://www.ocfoundation.org/indright.htm

Physician-focused site provides recent publications and videos and information on OCD.

PTSD Support Services

http://www.ptsdsupport.net/

Support services for individuals experiencing trauma or PTSD, resources for families, education opportunities, and information about treatments.

National Center for PTSD

http://www.ncptsd.org/

Information about PTSD, a database with literature on PTSD, FAQs, and a description of assessment instruments geared towards families and practitioners.

Social Phobia/Social Anxiety Association

http://www.socialphobia.org/

Information for individuals with social phobia and social-anxiety disorder, including fact sheets, literature, and resources.

Madison Institute of Medicine—Facts for Health

http://www.factsforhealth.org/

Information about social-anxiety disorder and PTSD for individuals with the disorders, information on continuing education on the recognition, diagnosis, and treatment of these conditions for clinicians.

Contacts

For More Information About Effective Programs

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900 28th Street, Suite 107
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Blueprints@colorado.edu
www.colorado.edu/cspv/blueprints/

The National GAINS Center for
People with Co-occurring Disorders
in the Justice System
Working Together for Change:
Co-occurring Mental Health
and Substance-Abuse Disorders
Among Youth/Adults in Contact
with the Justice System
Policy Research Associates
345 Delaware Avenue
Delmar, NY 12054
gains@pra.com
www.gainsctr.com/curriculum/
juvenile/index.htm

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